Open Enrollment Effective Date	9/1/2026
Report Type	2026 Renewal Rates
Printed Date	6/10/2026
District Name	**WESCLIN CUSD 3**
Group Number	
Renewal Increase	10.0%

		Current Rate Effective 9/1/2025	Renewal Rate Effective 9/1/2026	Renewal COBRA Rate Effective 9/1/2026
		A	A	
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee	$1,772	$1,949	$1,988
	Employee + Spouse	$3,658	$4,024	$4,104
	Employee + Child or Children	$3,535	$3,888	$3,966
	Family	$3,937	$4,331	$4,418
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee	$1,886	$2,075	$2,117
	Child or Children - No Employee	$1,763	$1,939	$1,978
	Spouse & Child or Children - No Employee	$2,165	$2,382	$2,430
		B	B	
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee	$1,610	$1,771	$1,806
	Employee + Spouse	$3,305	$3,635	$3,708
	Employee + Child or Children	$3,185	$3,503	$3,573
	Family	$3,555	$3,910	$3,988
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee	$1,695	$1,864	$1,901
	Child or Children - No Employee	$1,575	$1,732	$1,767
	Spouse & Child or Children - No Employee	$1,945	$2,139	$2,182
		C	C	
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee	$1,381	$1,519	$1,549
	Employee + Spouse	$2,866	$3,153	$3,216
	Employee + Child or Children	$2,768	$3,045	$3,106
	Family	$3,079	$3,387	$3,455
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee	$1,485	$1,634	$1,667
	Child or Children - No Employee	$1,387	$1,526	$1,557
	Spouse & Child or Children - No Employee	$1,698	$1,868	$1,905
		D	D	
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee	$1,178	$1,296	$1,322
	Employee + Spouse	$2,422	$2,664	$2,717
	Employee + Child or Children	$2,380	$2,618	$2,670
	Family	$2,611	$2,872	$2,929
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee	$1,244	$1,368	$1,395
	Child or Children - No Employee	$1,202	$1,322	$1,348
	Spouse & Child or Children - No Employee	$1,433	$1,576	$1,608
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee			
	Employee + Spouse			
	Employee + Child or Children			
	Family			
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee			
	Child or Children - No Employee			
	Spouse & Child or Children - No Employee			